
We Have So Much, and Yet ...

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Some progress, but not enough

- Amongst high-burden countries, only 16 countries (24%) on track to meet MDG 4
- Of the 16, only 3 have moved from “not on track” to “on track” since 2005
- 56 of 68 countries (82%) have high maternal mortality that obstruct progress towards MDG 5



Coverage is uneven – continuum of care is missing

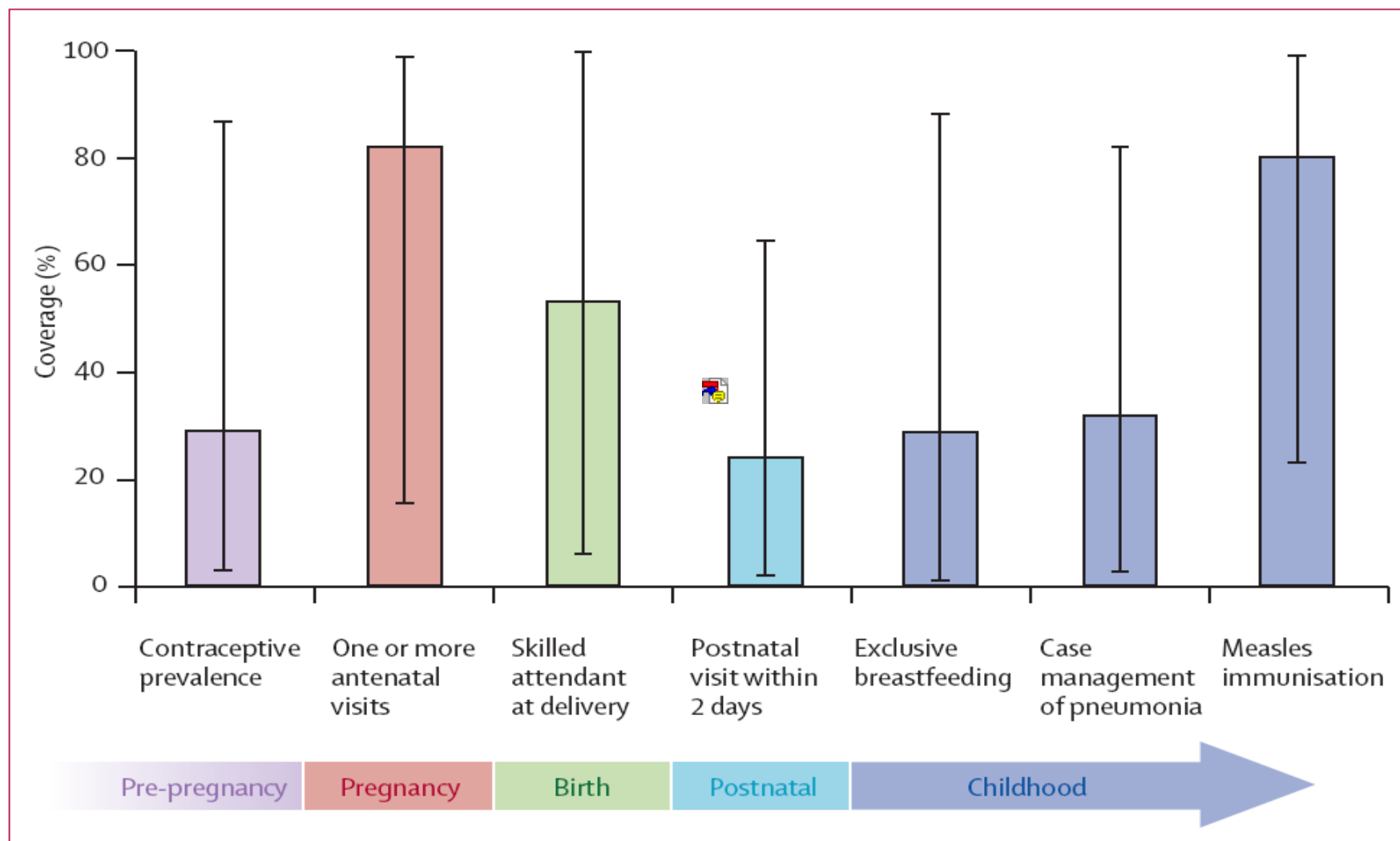
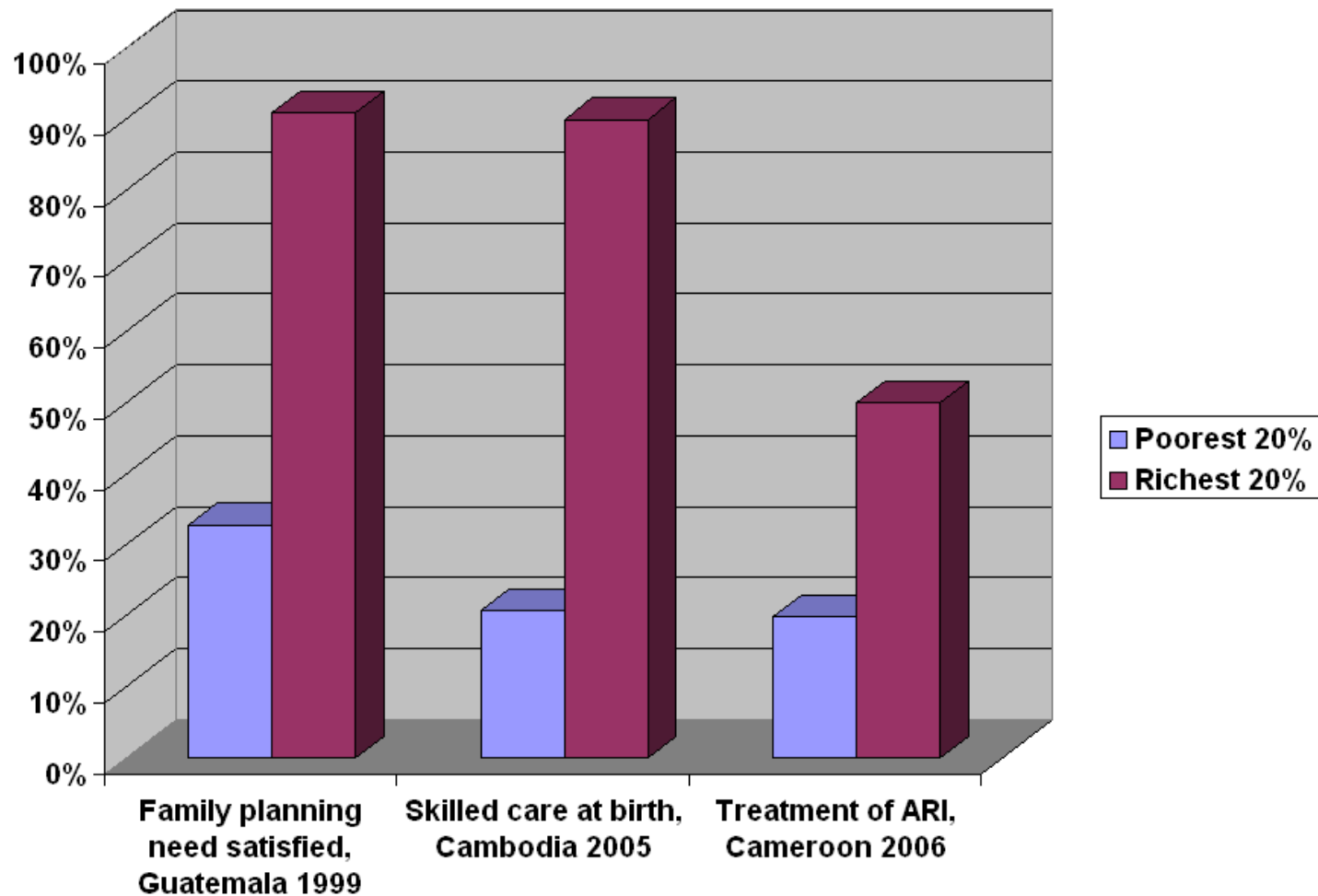


Figure 3: Coverage estimates for interventions across the continuum of care in the 68 priority countries (2000–06)

Inequities in coverage can and must be addressed

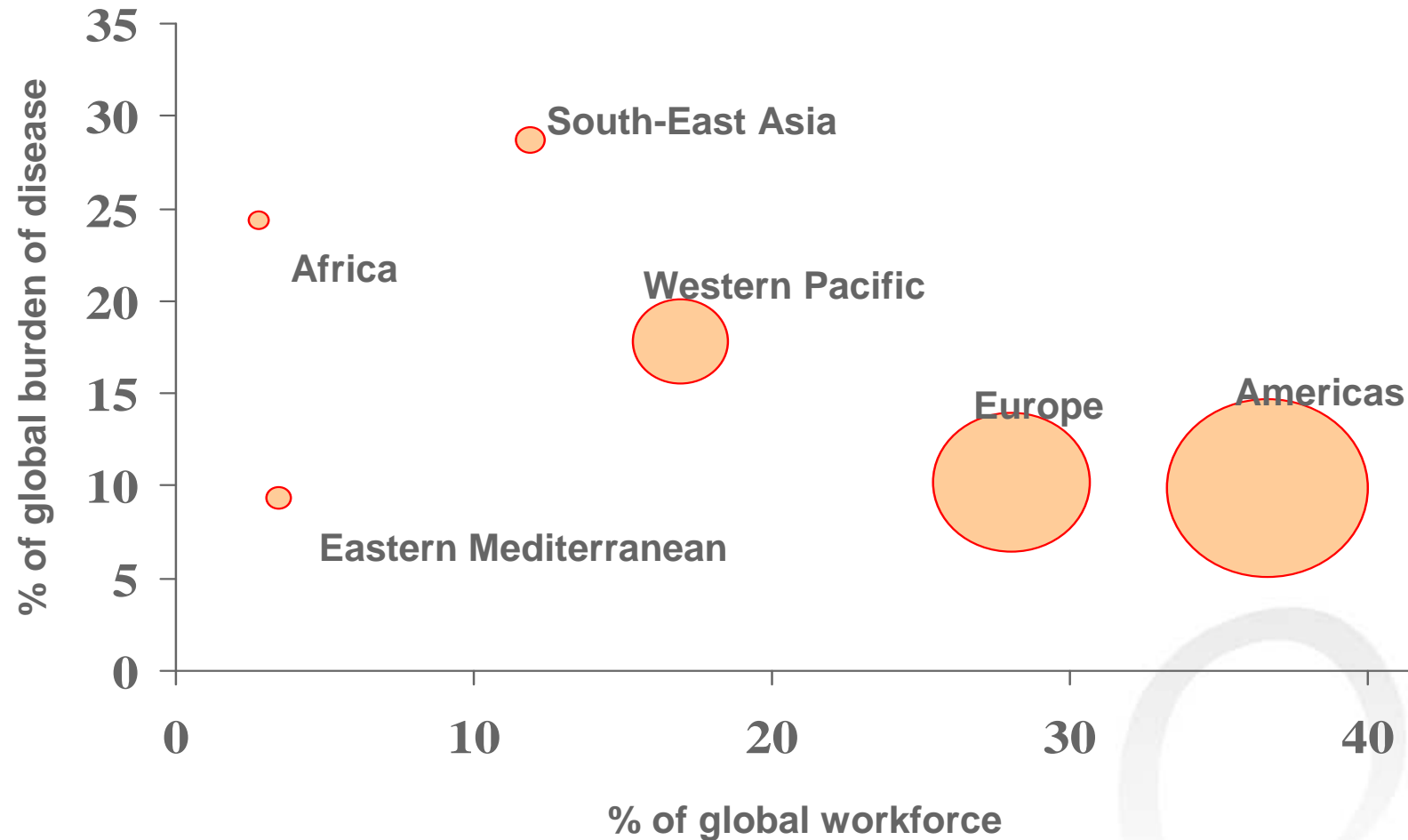


The problem of weak health systems

- Coverage increases show that *progress can be made* in some areas through vertical programs
- However, poor progress across the continuum – eg skilled attendance at birth & access to emergency obstetric care – reflects weak health systems
- Investments must be made to build and sustain health systems with properly trained and paid health workers, adequate infrastructure and availability of drugs and other commodities
- Synergies:
 - investing in health systems benefits children and mothers
 - investing in MNCH benefits health systems



Health workforce and disease burden are not aligned



Source: WHO, 2006

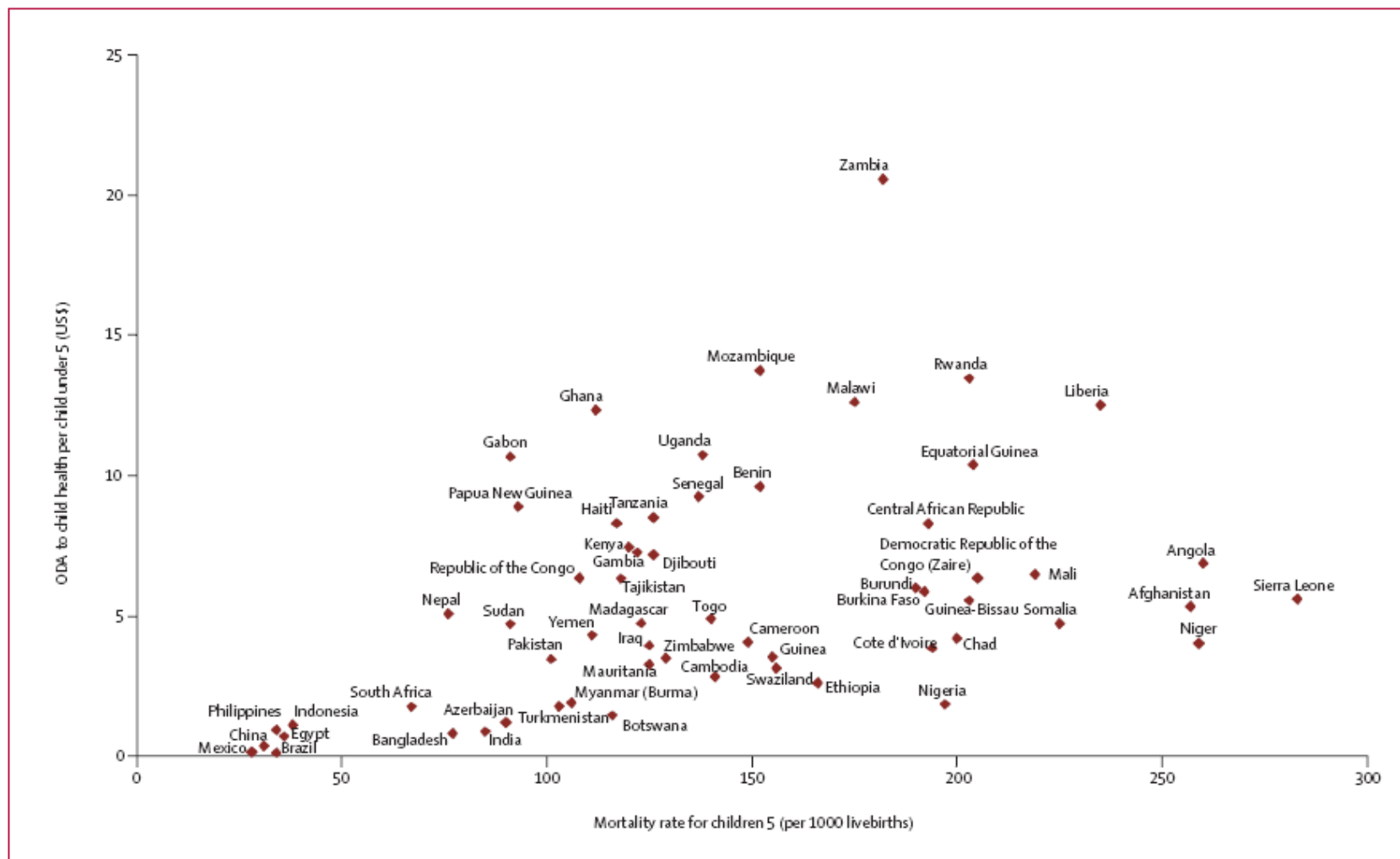


How much are donors allocating to maternal, newborn and child health?

- Donor **funding** has increased in 2003-2006:
 - From \$4 to \$7 for child health per child
 - From \$7 to \$12 for maternal/newborn health per live birth
- However:
 - Funding for MNCH represents only 3.3% of total development aid
 - Only **6%** goes to health sector support, **94%** delivered through projects.
 - Aid flows are volatile: **lack of predictability and sustainability**
 - Overall funding is insufficient, **needs to be tripled.**



Donor assistance not always allocated based on needs (child health)

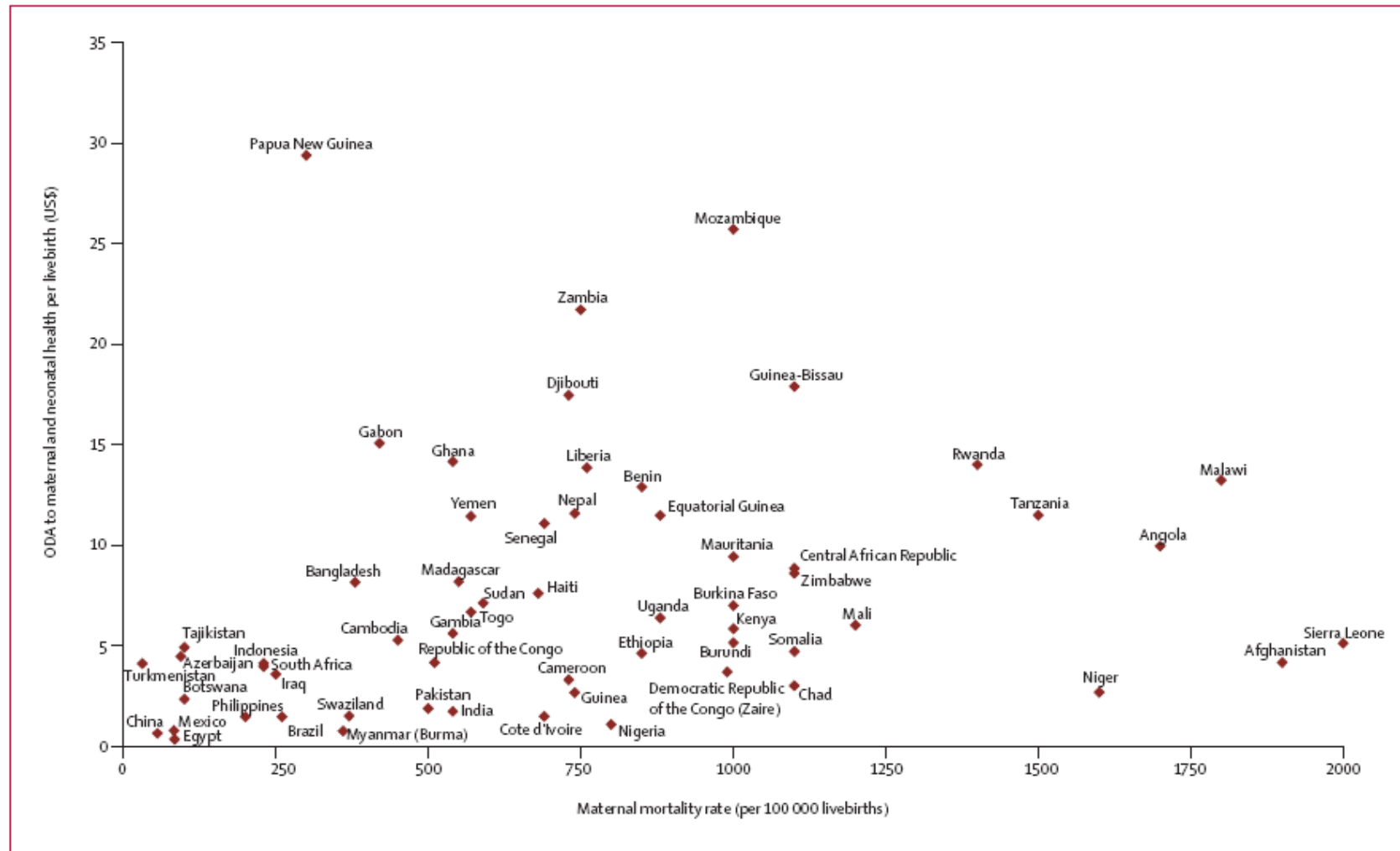


Source: Powell-Jackson et al (2006)

Countdown to 2015: tracking donor assistance to MNCH. The Lancet.



Donor assistance not always allocated based on needs (maternal/newborn health)

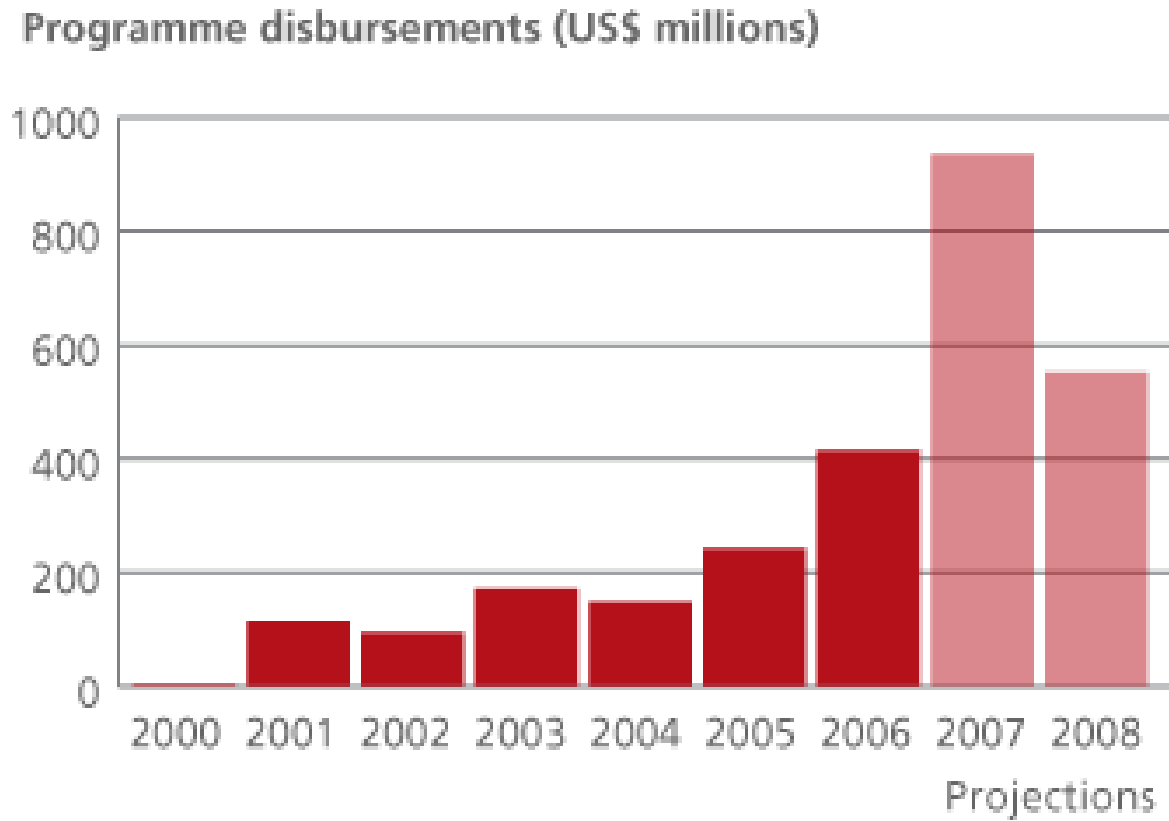


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Countdown to 2015: tracking donor assistance to MNCH. The Lancet.



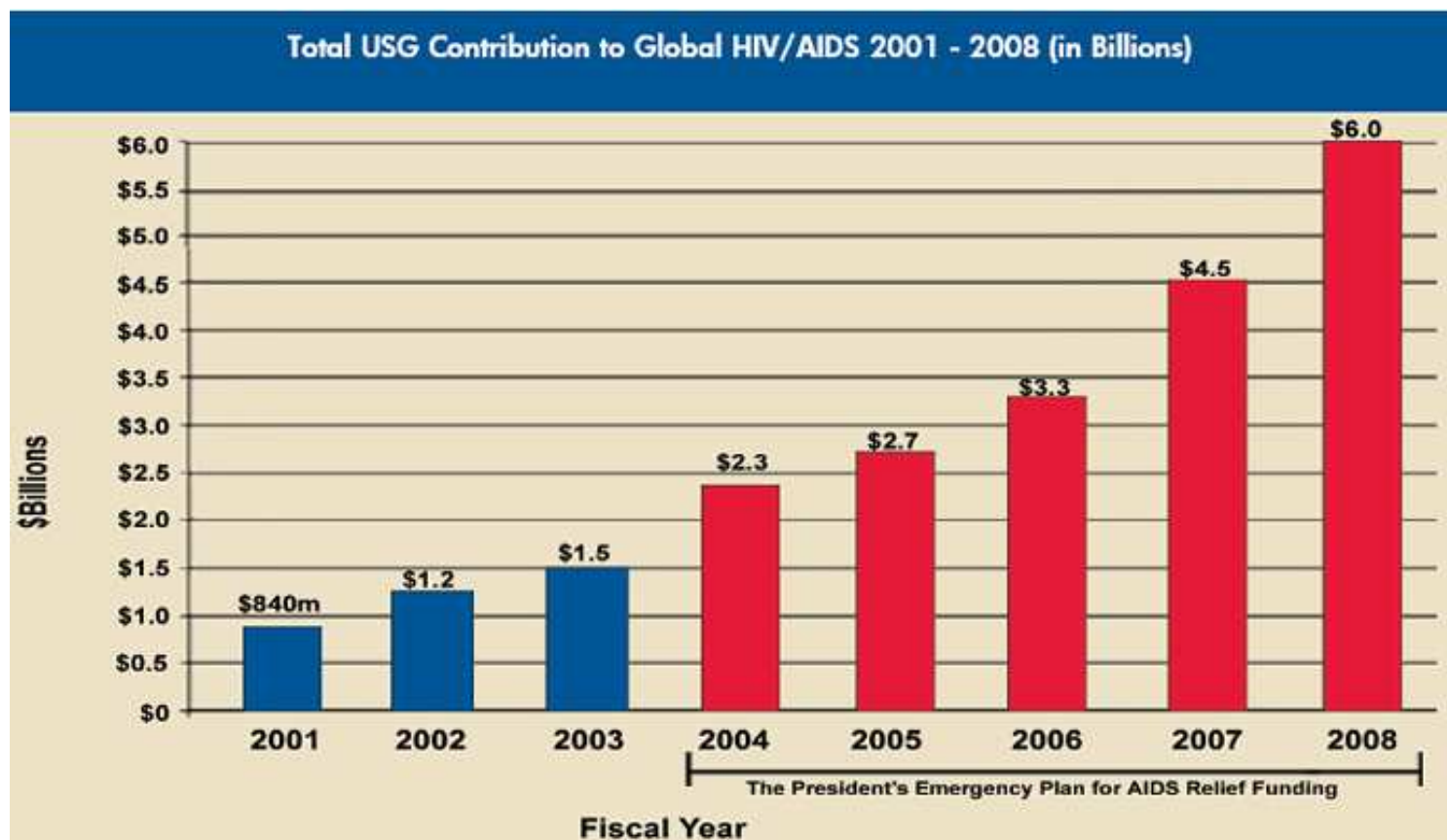
The GAVI Alliance Disbursements 2000-2008



Source: <http://www.gavialliance.org/performance/disbursements/index.php>



US President's Emergency Plan for AIDS Relief (PEPFAR) Contributions 2004-2008



Source: Office of the United States Global AIDS Coordinator (2008)
Fourth Annual Report to Congress on PEPFAR.



More new funds announced recently

- For maternal and child health – US Congress increased funding for maternal and child health by **\$120m** for 2008, compared to 2007
- For malaria – global health and business leaders announced a 36-month effort to expand malaria control in Africa, **\$2.2b/yr** over 5 yrs
- For health workforce development – UK's Prime Minister announced **\$420m** over 3 years for four countries in Africa and USA's President announced **\$1.2b** over five years



The example of Rwanda

- Health sector is responding to the challenge of meeting the MDGs
- Fully costed strategic plan developed
- Government is increasing its commitment to health
- Donor coordination structure in place
- Performance-based financing at district level has achieved huge improvements in service delivery
- Donor support to health sector has increased but poses alignment challenges →



The example of Rwanda

- Donor support increased from \$48m in 2003 to \$105m in 2005
- Project-type support dominates, leading to
 - ▶ geographical inequalities: \$11.8 pc in highest-funded province vs \$1.9 pc in lowest-funded
 - ▶ inequalities by strategic objective, \$46m for HIV, \$18.m for malaria, \$1.1m for IMCI
 - ▶ too short time frames: 55% of projects end in one year or sooner
- Government manages only **14%** of aid to health, and only **20%** of total health (less than NGOs at 27%)

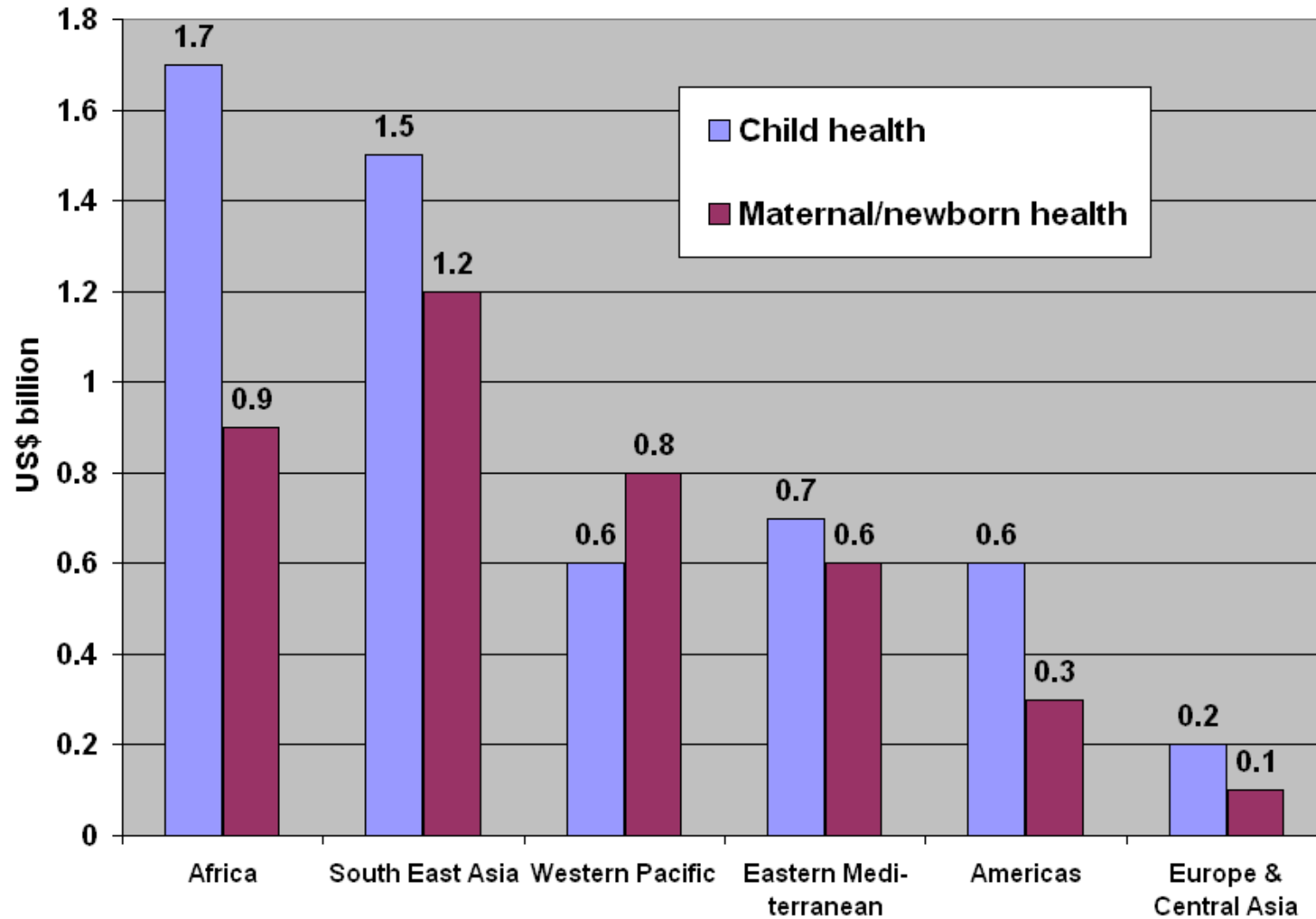


How much additional resources are needed?

- **Needed: US\$ 10.2b per year - additional resources**
 - In addition to what is already spent by international donors (US\$ 3.5b in 2006) and governments!
 - Needed to ensure long-term, predictable financing for strengthened health systems for mothers, newborn and children
- **Where it would go:**
 - Child health : to ensure 95% coverage by 2015, **\$5.3b**
 - Maternal and newborn health: to ensure 70% coverage by 2015, **\$3.9b**
 - Family planning: **\$1.0b**



Regional breakdown of additional resources needed per year



Source: Stenberg et al (2007), Johns et al (2007), WHO Bulletin



Who should do what

Countries:

- Prioritize services that save most lives for budget support, based on evidence
- Fully reflect health strategy in central budget processes
- Negotiate assurances of continuity of funding with donors, *or do not accept*
- Report on results through single monitoring framework
- Achieve *Abuja Declaration*: 15%

Donors:

- Shift the focus to monitoring results in countries
- Confine support to interventions within the health sector strategic plan
- Provide longer-term commitments
- Reduce transaction costs
- Rely more on common monitoring and evaluation frameworks to document MDG achievements



Thank you

